

STAFF ORIENTATION & IN-SERVICE RECORDS

NAME _____

HIRE DATE _____

INITIAL RESIDENT CONTACT DATE _____

The following training shall be provided to all staff members/direct care volunteers, prior to resident contact, and at least annually:

Topic	Date	Staff Initials	Trainer Signature	Date	Staff Initials	Trainer Signature
Basic First Aid						
Checking and Recording Vital Signs (Designated Staff Members Only)						
Management/care of contagious or communicable disease						
Medication Management(i.e. storage, administration, receiving orders, securing) Licensed Instructor Only						
Special Care** eg: Dementia/Alzheimer's/Cognitive Disability						
Restraints (Designated Staff Members Only)						
OSHA (including blood-borne pathogens)						
CPR (Designated Staff Members Only)						
Confidentiality						
Resident Rights						
Fire Response Training (within 24 hours of first day on the job)						
Emergency Procedures/Disaster Preparedness (within 24 hours of first day on the job)						
Facility Organization and Environment (Orientation)						
Activities***						

**Depending on Type of Residents in Facility

***Staff Members responsible for providing/coordinating recreational activities

INSTRUCTIONS: DHEC FORM 0267 Community Residential Care – Staff Orientation & In-service Records

PURPOSE: This is a form to be used by Community Residential Care facilities to record the necessary documentation of annual staff training of employees in facilities licensed under DHEC Regulation 61-84, Standards for Licensing Community Residential Care Facilities.

EXPLANATION: This form is used by administrators/trainers at the facility to assist them in gathering documents on individual staff to ensure that documents being maintained by the facility are done so in accordance with the applicable regulation.

Item by Item Instructions: (1)Name: (Enter name of Staff); (2) Hire Date: (Enter date of Hire); (3) Initial Resident Contact Date: (Enter date of initial resident contact by staff.); (4) Topic: (Annual Training Required); (5) Date: (date training taken); (6) Staff Initials (to be initialed by staff when training taken); (7) Trainer Signature: (to be signed by the person giving the training);

THIS FORM MAY BE USED FOR STAFF ORIENTATION AND ANNUAL TRAINING

THIS FORM MAY BE USED FOR A (2) TWO YEAR PERIOD THEN DESTROYED